

The University of Texas Harris County Psychiatric Center Adult Volunteer Application

Date _____ Name _____

Date of Birth _____ E-mail _____

Home Address _____

Home Phone _____ Work Phone _____

Employer Name & Address _____

Education _____ Degrees/Certifications _____

Special Training:

Languages Spoken:

Hobbies:

Special Skills / Interests:

List Volunteer/Community Activities:

Referred by _____

Referred By Address & Telephone_____

Have you been a patient at UTHCPC?

Yes

No

If so, when?_____

When are you available to volunteer?

Morning

Afternoon

Evening

Days I can volunteer

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Number of hours community service required by school or group_____

Sponsor's Name_____

Sponsor's Phone_____

I like to volunteer with:

Children

Adolescents

Adults

My strong points are:

References: Please list two personal or business references (name, address, phone).

Ref. 1:_____

Ref. 2:_____

In Case of Emergency Notify:

Name_____

Address_____

Home Phone_____ Work Phone_____

Physician_____ Phone_____

A criminal background check must be completed and passed before you can volunteer at UTHCPC.

I hereby grant permission for who is years of age and is in the grade of school, to serve as a junior volunteer at The University of Texas Harris County Psychiatric Center.

By checking the following box, you are authenticating your identity. Do you agree?

Yes

No

Pre-Volunteering Disclosure and Release Application

Date_____ Applicant's Full Name_____

Current Address_____

Social Security Number_____ Driver License Number_____

Date of Birth_____

The individuals listed on my application may be contacted as references:

Yes

No

I am required to report volunteer time to an agency:

Yes

No

Agency name_____

I understand that these investigative background inquires may include criminal, driving, prior employment and other reports. Further, I understand that UT-Harris County Psychiatric Center and the University of Texas (UT) Police may be requesting information from various federal, state or other agencies which maintain records concerning my past activities in relations to my driving, criminal, civil and other experiences.

I hereby authorize, without reservation, any party or agency contacted by UT-Houston Harris County Psychiatric Center and/or the University of Texas Police Department or any other police agency to furnish the above-mentioned information. I further release all agents and employees of the UT-Houston Harris County Psychiatric Center, the person/persons of such police agencies or departments from all liability resulting from the furnishing of this information to the UT-Houston Harris County Psychiatric Center.

I further understand that all information received will be kept confidential. Only the University of Texas Police Department, the UT-Houston Harris County Psychiatric center and the Department of Public Safety (DPS) will have access to the files, and neither I, nor any other individual except by court order, will be allowed to see the information in these files for any reason.

I understand the information obtained will be used for acceptance or denial for the volunteer program. I, also understand that if after review of this information, the UT Police, HCPC or DPS determines that I represent a risk to the institution, I will be deemed unsuitable for a volunteer position and will be separated or removed from consideration.

The authorization granted herein expires one year from the date hereof.

I have read and understand the above information, and assert that all information provided by me is true and accurate.

Yes

No